

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.      | DATE    |
|---------------------------|----------|-------------|---------|
| FEE DETERMINATION         | 53       | 202-80-8-00 |         |
| O.I.P.E. CLASSIFIER       | 74       | 13          | 2/25/00 |
| FORMALITY REVIEW          |          |             |         |
| RESPONSE FORMALITY REVIEW | KD       | 68972       | 4/6/00  |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date    |
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| Final Original |         |
| 1              | 5/12/00 |
| 2              | 5/25/00 |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy